



City of Sanford
Utility Department - Plants
P.O. Box 1788 Sanford, FL
32772-1788



Pretreatment Section
Oil and Grease Management Program
“Auto-Related Establishments” Registration and Certification

In order to estimate the future level of effort required to administer and improve the Wastewater Pretreatment Program, the City of Sanford is requesting that all non-residential establishments complete this questionnaire. The program sets forth uniform requirements for users of the sanitary sewer system of the City of Sanford and enables the City to comply with all applicable State and Federal Pretreatment Regulations. The operational cost of the City’s Pretreatment Section for activities required under this program will be supplemented by the customer. The fees will be used to cover all costs associated with the program.

It is important to understand that this questionnaire shall be completed and signed by an authorized person with knowledge on characteristics of the waste water discharged to the City sewer system. The nonrefundable Application Evaluation/Processing fee is **\$50.00**.

If the applicant qualifies for a “Wastewater Discharge Permit” an additional **\$200.00** nonrefundable fee will be required. Thereafter, the biannual (every two years) permit renewal fee will be **\$150.00**. A fee of **\$50.00** will be required for the annual inspection which is performed the year between permit renewal. Any required sampling that occurs at this location will also incur additional fees. All fees can be paid at the Utility Customer Service counter located at 300 N Park Ave Sanford, FL 32771.

Should you need any assistance completing this survey, please contact the Oil and Grease Program office at (407) 688-5000 ext. 5512. Fax the completed application to 407-688-5096 or return via mail to City of Sanford, O&G Program, P.O. Box 1788 Sanford, FL 32772.

Sincerely,
Environmental Coordinator
City of Sanford

TO BE SIGNED AFTER FILLING THE QUESTIONNAIRE BY THE FACILITY AUTHORIZED REPRESENTATIVE

I have personally examined and I am familiar with the information submitted in this document. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that all submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Authorized Representative

Title _____ DATE _____

INACCURATE INFORMATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE USER FOR REVISION

City of Sanford
Utility Department
Oil & Grease Program
P. O. Box 1788 Sanford,
FL 32772-1788
Phone: (407) 688-5000 ext 5512 Fax: (407) 688-5096

AUTO RELATED BUSINESS WASTEWATER DISCHARGE APPLICATION

Business Name: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____ Utility Account #: _____

Contact Person: _____ Title or Position: _____

Phone Number: _____ Fax Number: _____

FACILITY TYPE

1. List any Environmental Control Permit held and/or under the process of being obtained by or for the facility:

- a. _____
- b. _____
- c. _____
- d. _____

2. Provide a brief description of the processes or services your facility conducts:

3. Building information:

Free standing?	Yes () No ()	New construction?	Yes () No ()
Expansion?	Yes () No ()	Building remodel?	Yes () No ()
Own or Lease?	Own () Lease ()		

If leasing: name, mailing address, and phone number of individual or company the building is leased from.

Name: _____

Address: _____

Phone Number: _____

4. Facility operations characteristics:

Number of shifts employees work in a 24 hour day: _____

Shift Start/End Time: _____ # of Employees Per Shift: _____

1st Shift: _____2nd Shift: _____3rd Shift: _____Are any process changes or expansions planned during the next three years? ☐ Yes ☐ No

If yes, attach separate sheet describing the planned changes or expansions.

Average daily water consumption in gallons per day: _____

Time and duration of discharges: _____

5. Which of the following types of wastes does your facility generate: (check all that apply)

	Average gallons per day		
<input type="checkbox"/> Domestic waste (restrooms, etc.)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Boiler/Tower blowdown	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Cooling water contact	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Process	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Equipment/Facility wash down	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Air pollution control unit	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Storm water runoff to sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Car wash	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Body shop	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Mechanical services	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Other	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured

6. Wastes are discharged to (check all that apply)

<input type="checkbox"/> Sanitary Sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Storm Sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Surface Water	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Ground Water	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Waste Haulers	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Other	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured

8. Is a Spill Prevention Control Plan prepared for the facility?☐ Yes ☐ No

9. Wastewater information:

If your facility employs processes in any of the categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check mark beside the category or business activity (check all that apply).

A. Industrial categories:

- | | |
|---|---|
| <input type="checkbox"/> Soaps or Detergents | <input type="checkbox"/> Organic Compounds |
| <input type="checkbox"/> Auto & Other laundries | <input type="checkbox"/> Paint |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Leather Tanning or Finishing |
| <input type="checkbox"/> Mechanical Products | <input type="checkbox"/> Other |

B. Other business activities:

- | | |
|---|---|
| <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Food/Edible Products Processor |
| <input type="checkbox"/> Slaughter/Meat Packing/Rendering | <input type="checkbox"/> Beverage Bottles |

C. Pretreatment devices or processes used for treating wastewater or sludge:

- | | |
|---|--|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Neutralization, pH Correction |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Reverse Osmosis |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Solvent Separation |
| <input type="checkbox"/> Grease/Oil Interceptor | <input type="checkbox"/> Spill Protection |
| <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Grit Removal/Sand Trap | <input type="checkbox"/> Other Treatment _ |
| <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> No Pretreatment Provided |

10. Other wastes

Are any liquid wastes or sludge from this facility disposed of by any means other than discharge to the sewer system?

- ☐ Yes ☐ No

These wastes may best be described as:

- ☐ Acids and Alkalies
- ☐ Heavy Metal Sludge
- ☐ Ink/Dyes
- ☐ Organic Compounds
- ☐ Paints
- ☐ Pretreatment Sludge
- ☐ Solvents/Thinners
- ☐ Other waste (specify)

Estimated gallons or
Pounds per year

11. Food establishment (Complete this section only if food is prepared or served at this facility)

Facility Type:

Fast Food	Yes () No ()	Restaurant	Yes () No ()
Food Processing	Yes () No ()	Other (specify) _____	

Building Information

Number of chairs: _____	Number of stools: _____
Number of booths: _____	Number of persons per booth: _____
Total # of seats: _____	
Average Number of Meals Served Per Day:	
Breakfast: _____	Lunch: _____ Dinner: _____

Types of dishes/utensils used:

Washable	Yes () No ()	Disposable	Yes () No ()
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Types of Cuisine (attach a copy of menu)

Meals Information

Type of products cooked, heated, or fried:

Meat () Poultry () Vegetables () Seafood ()

Method of cooking/heating: _____

Method of frying: _____

Kitchen Equipment**Number of Units****Size and/or Capacity**

Cooker	Yes () No ()	_____	_____
Fryer	Yes () No ()	_____	_____
Charbroiler	Yes () No ()	_____	_____
Grill	Yes () No ()	_____	_____
Stove	Yes () No ()	_____	_____
Oven	Yes () No ()	_____	_____
Over Broiler	Yes () No ()	_____	_____
Wok Stove	Yes () No ()	_____	_____
Other	Yes () No ()	_____	_____

Sinks (including bar area)

1-compartment	Yes () No ()	_____	_____
2-compartment	Yes () No ()	_____	_____
3-compartment	Yes () No ()	_____	_____
Hand	Yes () No ()	_____	_____
Vegetable	Yes () No ()	_____	_____
Mop	Yes () No ()	_____	_____

			<u>Size and/or Capacity</u>
Other Equipment:	Yes () No ()	_____	_____
Walk-in Cooler	Yes () No ()	_____	_____
Walk-in Freezer	Yes () No ()	_____	_____
Dishwasher	Yes () No ()	_____	_____
Grease Recycle Tanks	Yes () No ()	_____	_____
Grease Interceptor	Yes () No ()	_____	_____
Grease Trap	Yes () No ()	_____	_____
Garbage Dumpster	Yes () No ()	_____	_____
Other	Yes () No ()	_____	_____

Recycling

Do you recycle grease? Yes () No ()

Is there a container onsite? Yes () No () If yes, how many containers? _____

If yes, what company recycles it? _____

Have pollution prevention measures been implemented? Yes () No ()

If yes, briefly explain the measures to be taken and the employee training schedule (attached additional sheets if necessary)
